

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39833**

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5158 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Caldwell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Kingston		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Kingston		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) 3 miles north west 01270		
3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Warren	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year)	I2 14 55
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-21-1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Caldwell County, Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Jasper Carter		13b. MOTHER'S MAIDEN NAME Rosalta Perry		14. NAME OF HUSBAND OR WIFE Rosie M. Carter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosie Carter, Kingston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. 4201				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Country Caldwell Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) A. H. Sweet, Coroner			23b. ADDRESS Polonia, Caldwell Co.		23c. DATE SIGNED 12-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-17-1955	24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery	24d. LOCATION (City, town, or county) (State) Kingston, Missouri		
DATE REC'D BY LOCAL REG. 12-23-55	REGISTRAR'S SIGNATURE Gladys Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Mo.		

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... Cramer Clark.....

Licensed Embalmer No. 32..

P. O. Address..... King

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.